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ROCKY FLATS PLANT EM RADIOLOGICAL GUIDELINES Manual No.: Procedure No.: Page: 3-21000-OPS-EMRG
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Effective Date: Organization:

Environmental Management

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EMRG 1.0	Organization and Responsibilities	0	12/06/91	
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EMRG 1.2	Beta Radiation Surveys	0	12/06/91	
*DCN 93.01	Compliance to Health & Safety Practices Manual	0	01/14/93	
EMRG 1.3	Posting of Radiation Protection Requirements	0	12/06/91	
*DCN 93.01	Compliance to Radiological Protection Program	0	01/14/93	
EMRG 2.1	Personnel Contamination Monitoring	0	12/06/91	
*DCN 93.01	Compliance to Radiological Control Manual	0	01/14/93	
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*DCN 93.01 *DCN 93.02 *DCN 93.03 *DCN 93.04 *DCN 93.05	Compliance to Radiological Protection Program	0 0 0 0	01/14/93 01/14/93 01/14/93 01/14/93 01/14/93	
EMRG 2.3	Wounds and Skin Contamination	0	12/06/91	
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EMRG 3.1	Performance of Surface Contamination Surveys	0	12/06/91	
*DCN 93.01	Correction to Reference WO-4034	0	01/14/93	
EMRG 3.2	Survey Requirements for Conditional and Unrestricted Use	0	12/06/91	

DOCUMENT CLASSIFICATION REVIEW WAIVER PER R.B. HOFFMAN, CLASSIFICATION OFFICE JUNE 11, 1991

ROCKY FLATS PLANT
EM RADIOLOGICAL GUIDELINES

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*DCN 93.01	Word Correction	0	01/14/93
EMRG 6.1	Performance Test and Operational Checks for Ludlum Model 12-A, Model 12, and Model 31 Survey Instruments	0	12/06/91
EMRG 6.3	Performance Checking and Operation of the Eberline SAC-4 Alpha-Scintillation Smear Counting Instrumentation	0	12/06/91
EMRG 6.4	Performance Testing and Operation of the Eberline BC-4 Beta Smear Counting Instrumentation	0	12/06/91
*DCN 93.01	Formula Clarification	0	01/14/93
EMRG 6.5	Use of the Bicron Frisk-Tech with the A-100 and B-50 Detectors	0	12/06/91
*DCN 93.01	Equipment Calibration Clarification	0	01/14/93
EMRG 6.6	Use of the Bicron Fidler (Field Instrument for the Detection of Low-Energy Radiation)	0	12/06/91
*DCN 93.01	FIDLER Surveys	0	01/15/93
EMRG 9.1	Respiratory Protection Requirements and Posting	0	12/06/91
*DCN 93.01	Revisions to Radiation Protection Program	0	01/15/93
EMRG 10.1	Radiological Deficiency Reporting Program	0	12/06/91

CONTROLLED DOCUMEN POCUMENT CHANGE NOTICE (DCN)

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Title		<u>.</u>			Date) [OCN Numb	
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	12/31/9	-	Pro	cedure Revis	sion Required	Yes No	_	
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Item Number	Page ,	Step or Paragraph	Changes (Use DCN CONTINUATION SHEET for Additional Space)					e)
1	8 of 10	5.3.8	Change representative sample card to "Bioassay Sample Chain of Custody Records." Replace representative sample card form 2.2A with Bioassay Sample Chain of Custody Record as new for 2.2A, Rev. 1					
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FORM 2.2A (Rev. 1)

BIOASSAY SAMPLE CHAIN OF CUSTODY RECORD

